

POSITION	ID NO.	DATE
CLASSIFIER		19
EXAMINER		5/5/94
TYPIST 343	5/9/94	5/5/94
VERIFIER		5/5/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	5/22/94
2	5/22/94
3	5/22/94
4	5/22/94
5	5/22/94
6	5/22/94
7	5/22/94
8	5/22/94
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
	Interference
A	Appeal
O	Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
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